

# CITY OF VIDALIA HVAC PERMIT APPLICATION

Permit Number: \_\_\_\_\_

## PROPERTY OWNER

PROJECT LOCATION: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

## HVAC CONTRACTOR

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTRACTOR: COMPANY PHONE \_\_\_\_\_

#: \_\_\_\_\_ CONTRACTOR CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STATE LICENSE#: \_\_\_\_\_

CLASSIFICATION OF WORK \_\_\_\_\_ Replacement \_\_\_\_\_ New Construction

## BRIEF DESCRIPTION OF WORK

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FEES: Replacement \$50.00 New Construction \$50.00  
COMMERCIAL \$100.00 COMMERCIAL \$100.00

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